Experience Adventures in Family Child Care!

An Introductory Presentation for Potential Providers in Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler, Monongalia, and Marion Counties

Child Care Resource Center
Catholic Charities WEST VIRGINIA

Updated 01/2026

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Thank you for your interest in providing quality childcare!

First, let's answer some very important questions before beginning your journey as a childcare provider.

- ✓ Do you enjoy working with children and families?
- ✓ Have a high energy level?
- ✓ Pay attention to what children are doing?
- ✓ Have good communication skills?
- ✓ Willing to learn more about a child's development?
- ✓ Learn Basic First Aid and CPR?
- ✓ Able to feed children nutritious meals and snacks?
- ✓ Willing to complete required attendance sheets/payment forms to submit on a monthly basis?

These are only a few of the basic questions for you to think about as you consider a career in providing quality childcare services

Hopefully, you answered yes to the questions above, and are eager to learn more about getting started in your childcare adventures!

Provider Support Specialist

Most Common Provider Types

- Family Child Care Home: A facility which is used to provide nonresidential childcare for compensation in the provider's home. The provider may care for four to six children, including children who are living in the household, who are under six years of age. No more than two of the total number of children may be under twenty-four months of age.
- Family Child Care Facility: Any facility which is used to provide nonresidential childcare for compensation for seven (7) to twelve (12) children for four or more hours per day, including children who are living in the household who are under six years of age. No more than four (4) of the total number of children may be under 24 months of age.
- Child Care Center: A facility operated for the care of 13 or more children on a nonresidential basis.

Program Requirements

Family Child Care Provider Qualifications

- You must be 18 years of age or older
- Provide the care in your home
- You must pay for your own taxes and social security
- Everyone in the home 18 years of age or older must be fingerprinted and have no serious criminal history
- No one in the home may have a history of abusing or neglecting a child or an adult
- You must have a physical exam
- Your home must meet the regulations set forth by WV DoHS
- Smoking is not permitted in a family childcare home while children are in care
- Must be able to read and write and understand the rules, agreements, payment forms and other paperwork involved in the program
- Cannot use any form of physical discipline, such as spanking, hitting or slapping
- Complete the required amount of training set forth by WV DoHS

Training

A family childcare provider must complete eight (8) hours of approved training each year.

Providers can select training from the following core competency areas:

- Child Growth and Development
- Health, Safety and Nutrition
- Environment and Curriculum
- Child Observation and Assessment
- Family and Community Relationships
- Administration and Management
- Professionalism and Leadership

Within three months a family childcare provider must obtain approved training in first aid that includes rescue breathing and choke saving.

West Virginia STARS

State Training and Registry System

All training received through the Child Care Resource & Referral office is registered with the West Virginia Training and Registry System (WV STARS)

All persons attending training will need to have a WV STARS number and register for the trainings by logging on to WVSTARS.org.

Child Care Resource and Referral

The Child Care Resource Center Case Managers assist new and existing providers in answering questions about childcare payment issues, and processing provider payment forms.

The Child Care Resource Center also offers technical assistance to providers which include:

TRAILS-Traveling Resource and Information Library System. TRAILS staff, which include an Early Childhood Specialist and TRAILS associate, can make an appointment to visit your home to lend books, toys, games, equipment, and to provide training.

Behavior Consultants – Make visits to providers homes to observe children and give ideas to providers concerning various behavior issues.

Infant/Toddler Specialists and Early Childhood Specialists– Provides core competency training and technical assistance to providers.

QIS- Outreach and Support Specialist- Responsible for assisting providers in achieving higher quality standards.

Health and Safety Grants

Health and Safety Grants, which are funded by the Department of Health and Human Resources, are available for Family Child Care Providers to assist them in meeting regulatory and licensing requirements for operating a childcare program.

A provider must be approved by the Department of Health and Human Resources to be eligible for grant funding. Once eligible, the grant amounts are generally $250.00 and are to be used for the purchase of items needed such as smoke detectors, first aid kits, fire extinguishers, as well as many other items to meet regulation requirements.

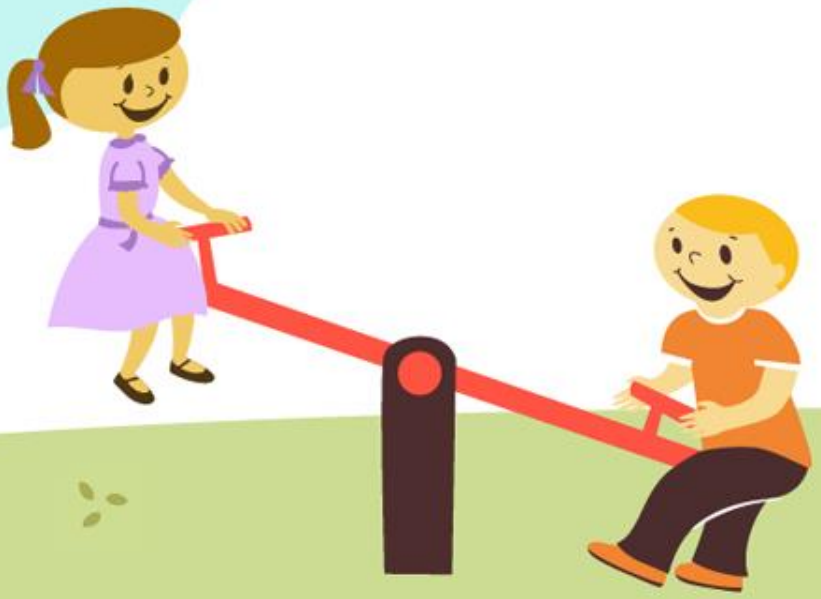
Child Care Rate Structure

Child Care Policy – Effective October 1, 2024

TYPE OF CARE	RATE TYPE	INFANT (0-24 Months) Day	TODDLER (25-36 Months)	PRE-SCHOOL (37-59 Months) Day	SCHOOL-AGE (60 Months & Up) Day
Family Child Care Home	TierI	$30	$30	$29	$26
	Tier II	$33	$33	$32	$31
	Tier III -Accreditation	$36	$36	$35	$32
Family Child Care Facility	TierI	$35	$33	$33	$32
	Tier II	$38	$36	$36	$35
	Tier III -Accreditation	$41	$39	$39	$38
Child Care Center	TierI	$39	$37	$35	$32
	Tier II	$42	$40	$38	$35
	Tier III -Accreditation	$45	$43	$41	$39
Out of School Time Child Care	TierI				$14.50
Informal/ Relative Child Care	TierI	$7.50	$6.00	$6.00	$6.00
Available Incentive Rates	Documented Special Needs	Additional $3.00 added to daily tier rate	Non-Traditional Hours	Additional $6.00 per qualifying day	

Learn more about beginning your adventures in family childcare!

Next Steps

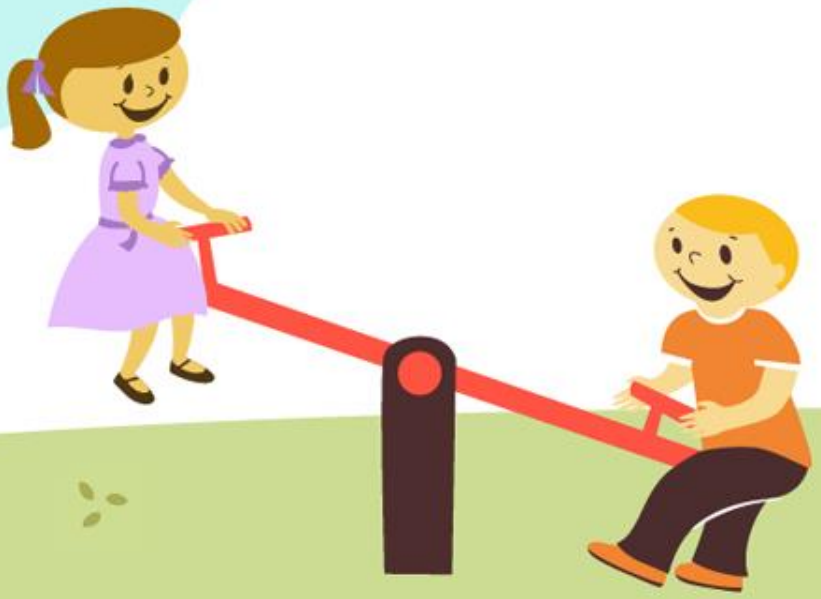


- Step One: Contact the local CCRC office to register for a New Provider Orientation.

Wheeling/Weirton area: 304-232-1603

Morgantown: 304-292-7357

Fairmont: 304-366-3615



Next Steps to Becoming a Child Care Provider

- **Step Two** – Is the Fingerprinting process. The provider and all adult household members/residents eighteen years of age and older will need to be fingerprinted.

  WV CARES is the vendor that has been approved by WV DHHR to process certain background checks. An Administrative Account can be set up by calling 1-304-558-2018 or email at wvcares@wv.gov

  The provider will need to complete the WV CARES online Training.

  The provider will then need to schedule an appointment to be fingerprinted at a Morpho Trust site.

WV CARES Registration Process

Step 1: Set Up an Administrative Account - Contact WV CARES by phone at 304-558-2018 or email at wvcares@wv.gov to set up an administrative account. The individual that sets up the administrative account is the individual responsible for creating the user account for their child care program (family child care home provider, family child care facility owner/operator, child care center director or Out-of-School Time director).

If emailing WV CARES to set up an administrative account, in the subject line say: **Set Up Administration Account**, then in the body of the email include the **provider's full name**. This email will generate a return email that will give you directions to take the online training for the WV CARES system. Only the individual listed on the administrative account is responsible for completing the online training.

Step 2: WV CARES Online Training - The provider will then be sent via email information to register for the WV CARES online training. This initial email will provide instructions on accessing the online training and a username and a temporary password. The provider will also receive the Preferred Payment Method Registration form which is attached to the email. The form is completed, and directions are given how to pay WV CARES $20 for themselves and each household member 18 years of age and older that requires prints. That $20.00 pays for the prescreening completed by WV CARES.

The provider will need to enter themselves and all household members 18 years of age and older into the spread sheet that is available in the WV CARES online system.

Step 3: Set up An Escrow Account with Morpho Trust - The provider will also need to set up an escrow account with Morpho Trust. The provider will need to have $34.50 for each person required to be fingerprinted in the escrow account. The process to set up this escrow account may take five weeks to be completed. Should you have questions about the Morpho Trust escrow account, call the Morpho Trust Billing Department at 1-877-512-6962.

Step 4: Schedule an Appointment with Morpho Trust to be Fingerprinted - Once the WV CARES pre-screening is completed; the provider will need to schedule an appointment to be fingerprinted at a Morpho Trust site. The last page of the application/pre-screening process contains a link that providers can use to access the Morpho Trust website. One they have an appointment scheduled with Morpho Trust, the provider will need to go back into the WV CARES system and enter the Morpho Trust appointment details and submit the WV CARES application.

Next Steps - Continued

- **Step Three** – Child Care Providers will need to complete a Pre-Service Training- Basic Health and Safety in Child Care. This is a self-paced training and consists of 12 modules. Child Care Providers will need to have a WVSTARS number and will be registered for the Pre-Service training through WVSTARS. To begin the process, go to WWW.WVSTARS.ORG Click on the Professionals link at the top of the screen. To begin the process of enrolling, scroll to the bottom of the screen and click on JOIN. Once you click on JOIN you will be prompted to select an enrollment option. Please choose Registry Participant by clicking on Registry Participant. Review the instructions and click on Apply Online.

Next Steps - Continued

- **Step Four –** Once you have been approved by the DoHS Child Care Regulatory Specialist as a Registered Family Child Care/Subsidized provider, you will need to contact your local Child Care Resource Center office to complete the Payment Process training.

Review of Steps Needed to Get Started

Step 1
Contact the local CCRC to register for the New Provider Orientation

Step 2
Fingerprinting process thru WV CARES

Step 3
Complete the Pre-Service Training thru WV STARS

Step 4
Complete the Payment Process training at the Child Care Resource Center Office

78CSR19

TITLE 78
LEGISLATIVE RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SERIES 19
FAMILY CHILD CARE HOME REGISTRATION REQUIREMENTS

§78-19-1. General.

1.1. Scope -- This rule establishes minimum standards and procedures for the registration of family child care homes under the provisions of W. Va. Code §49-2-101 and related federal and state codes.

1.2. Authority -- W. Va. Code §49-2-121.

1.3. Filing Date -- March 30, 2023.

1.4. Effective Date -- April 1, 2023.

1.5. Sunset Provision -- This rule shall terminate and have no further force or effect on August 1, 2028.

1.6. Purpose -- This rule governs the regulation of family child care homes in West Virginia.

§78-19-2. Application and Enforcement.

2.1. Application -- This rule applies to any family child care home that operates in West Virginia.

2.2. Enforcement -- This rule is enforced by the Secretary of the Department of Health and Human Resources.

§78-19-3. Definitions.

In addition to the following definitions, the definitions in W. Va. Code §49-1-206 are applicable to this rule.

3.1. Approved Training -- Instruction or training approved by the secretary or provided by a trainer approved through or sponsored by the West Virginia State Training and Registry System (STARS).

3.2. Caregiver -- The person primarily responsible for child care in the family child care home.

3.3. Child Abuse and Neglect -- Physical injury, mental or emotional injury, sexual abuse, sexual exploitation, the sale or attempted sale or negligent treatment or maltreatment of a child by a parent, guardian, or custodian who is responsible for the child's welfare.

3.4. Child Care -- The services performed by a caregiver for a part of a day outside the child's home in relation to the child's physical, emotional, psychological, social, and personal needs. Responsibility for the care and protection of the child are delegated by the parent and assumed by the caregiver.

West Virginia Department of
Health and Human Resources

Family Child Care Home Information Packet

Section I.

Thank you for your inquiry about operating a family child care home. You will find the following information and attachments included in this packet:

1. A description of the procedures to follow in applying for a certificate of registration to operate a family child care home.
2. Answers to some of the most commonly asked questions about regulations for a family child care home.
3. A Letter of Intent indicating your decision to pursue application for a certificate of registration to operate a family child care home.
4. A copy of the State of West Virginia Family Child Care Home Registration Requirements.

After you submit the completed Letter of Intent to the Division of Early Care and Education, you will be sent an Application to Operate a Family Child Care Home.

If you have any questions that have not been answered in this material, you may contact the person at the telephone number listed below for further information.

Melanie Clark
Program Manager for Family Child Care Regulations
304-872-0803 ext. 71713
Melanie.A.Clark@wv.gov

Section II. Common Questions

When "certificate of registration" is mentioned in this material, they refer to the regulations promulgated by the Bureau for Children and Families, Division of Early Care and Education in the Department of Health and Human Resources and included in this packet.

1. WHAT IS A FAMILY CHILD CARE HOME?

   A. Any home providing nonresidential child care for compensation for four (4) to six (6) children, including children who are living in the household who are less than six (6) years of age.

   B. A family child care home must be operated in the provider's home and meet the health and safety requirements.

   C. A family child care home operating in West Virginia shall apply for and obtain a certificate of registration before accepting children for care.

For Assistance With Child Care Subsidy Questions
Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler Counties

Contact name:	Title:	Telephone Numbers:	Email	Child Care Resource and Referral, Region 1
Kelly Coen	Supervisor	304-232-1603 or 800-585-1603	Kelly.J.Coen@wv.gov	Hancock, Brooke, Ohio, Marshall, Wetzel, & Tyler Counties
Lisa Garrison	Billing Specialist	304-232-1603 or 800-585-1603	Lisa.M.Garrison@wv.gov	Hancock, Brooke, Ohio, Marshall, Wetzel, & Tyler Counties
Niki Crabtree	Case Manager	304-232-1603 or 800-585-1603	Niki.J.Crabtree@wv.gov	Hancock, Brooke, & Ohio Counties
Open Position	Case Manager	304-232-1603 or 800-585-1603		Hancock, Brooke, & Ohio Counties
Katie Snider	Case Manager	304-455-0920	Kathryn.L.Snider@wv.gov	Marshall, Wetzel, & Tyler Counties

For Assistance With Child Care Subsidy Questions Monongalia and Marion Counties

Contact name:	Title:	Telephone Numbers:	Email	Child Care Resource and Referral, Region 1
Allison Manning	Supervisor	304-292-7357 or (888)-272-7357	Allison.K.Manning@wv.gov	Marion & Monongalia Counties
Cathy Sawyer	Administrative Assistant/Billing Specialist	304-366-3615	Cathy.J.Sawyer@wv.gov	Marion County
Brittany Slonaker	Case Manager	304-292-7357 or (888)-272-7357	Brittany.M.Sloneker@wv.gov	Monongalia County
Julie Horowitz	Case Manager	304-292-7357 or (888)-272-7357	Julie.L.Horowitz@wv.gov	Marion & Monongalia Counties
Ariel Cogar	Case Manager	304-366-3615	Ariel.N.Cogar@wv.gov	Marion County
Bailey Hillegas	Case Manager	304-366-3615	Bailey.A.Hillegas@wv.gov	Marion County
Holly Everly	Administrative Assistant	304-292-7357 or (888)272-7357	Holly.L.Everly@wv.gov	Monongalia County

Provider Support Specialist

Covering Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler, Monongalia and Marion Counties

- Located in Wheeling office
- 304-232-1603 or 1-800-585-1603
- Kelly.J.Coen@wv.gov
- CCRC can assist with WV Cares and WV Stars, among other provider supports.

Regulatory Specialist for your area

John Judy

Brooke, Hancock, Ohio, Marshall, Wetzel, Marion, and Monongalia Counties

400 Teletech Drive
Moundsville, WV 26401

304-843-4120 ext. 12206

Email: John.C.Judy@wv.gov

Casey Daggett

Tyler County

304-420-2560

Email: Casey.E.Daggett@wv.gov

Sources:

Adventures in Better Child Care, An Introductory Handbook for Family Child Care in West Virginia: WV DHHR/Bureau for Children and Families/Division of Early Care and Education

Child Care Subsidy Policy & Procedures Manual, WV DHHR/Bureau for Children and Families Policy/Division of Early Care & Education.

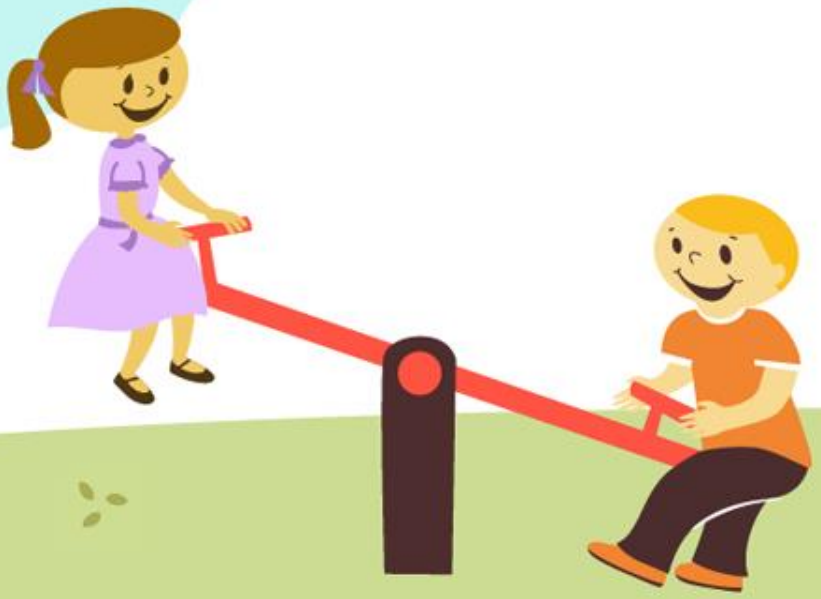
Experience Adventures in Family Child Care – An Introductory Presentation for Potential Providers Power Point, was created by the MountainHeart South Child Care Resource and Referral Management Team, July 2018.

Child Care Resource Center
Catholic Charities WEST VIRGINIA

This program is being presented with financial assistance as a grant from the WV Department of Health and Human Resources

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Time To Fill Out Your Application and Paperwork!!



West Virginia Department of Human Services

Instruction Sheet for Application to Operate a Registered Family Child Care Home, Informal Family Child Care Home, or Relative Family Child Care Home

A. Please check either: Registered Family Child Care, Informal Care, or Relative Care: child care providers have submitted an application, and read the State's rules.

- Family Child Care - care for 4-6 children, who are not related to you, in your home for compensation.
- Informal Care - care for 1-3 children for compensation, of whom at least one is not related to you. You must register in order to receive reimbursement from the Child and Adult Care Food Program or to participate in the child care subsidy program.
- Relative Care - care for any number of children that are all related to you. You must register to receive reimbursement from the Child and Adult Care Food Program and/or the child care subsidy program.

B. If this is the first time you have applied for registration, or if your registration has expired, check "initial application." If you have a current certificate of registration, check "renewal application."

C. Please complete all information.

Question Number	Instruction
1	If you receive mail at an address that is different from the location of your home, you must state a physical address for your home.
2 & 3	Federal reporting standards require data collection on race and ethnicity.
4	Be sure to list everyone in your home, including part time residents.
5	List all children for whom you provide care, if this is a renewal.
6 - 13	Be sure to answer questions 6 – 13.

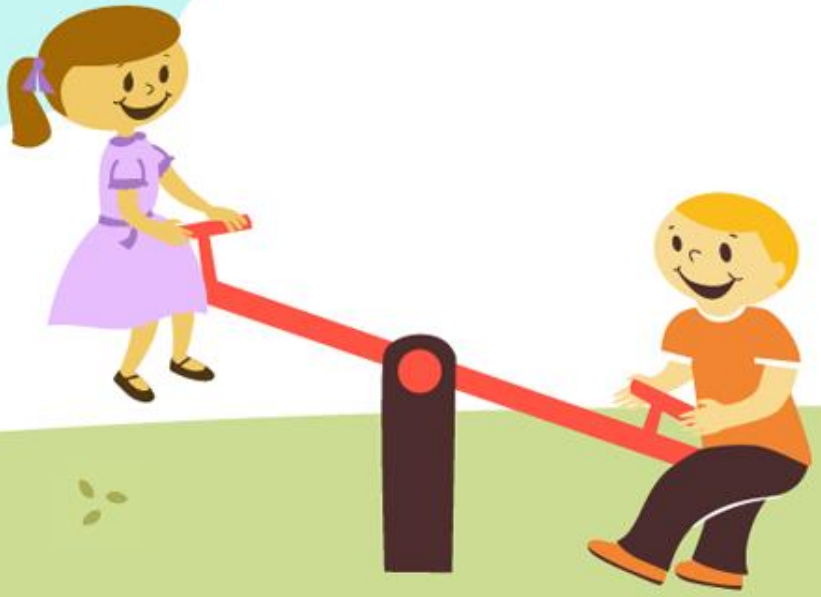
Sections D, E, and F - Please read each statement carefully.

G. All attachments must be completed and returned as indicated before the application can be considered.

- You must have all adult household members complete an Authorization and Release for Protective Services Record Check. If you need more forms, please contact the local WV Department of Human Services Family Child Care Regulatory staff, or they can be downloaded from the website https://bfa.wv.gov/bfa-early-care-and-education/provider-background-check-information

- Applicants must return the application and attachments to eceproviders@wv.gov or
  WV Department of Human Services/ Division of Early Care and Education
  350 Capital St., Room B-18
  Charleston, WV 25301

H. You must sign and date the application. If you have any questions, please contact your local WV Department of Human Services Family Child Care Regulatory staff.



West Virginia Department of Human Services

Application to Operate a Registered Family Child Care Home, Informal Family Child Care Home, or Relative Family Child Care Home

Please read the following statements carefully before completing and signing.

A. I am applying for registration as: [X] Registered Family Child Care [ ] Informal Care [ ] Relative Care

B. This is: [X] An Initial Application [ ] A Renewal Application

C. Provider Information

1. General Information

Name: _____

Previous/Maiden Name (include all previous married names, nicknames, and aliases):

_____

Date of Birth: _____ Social Security #: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____
Street Address

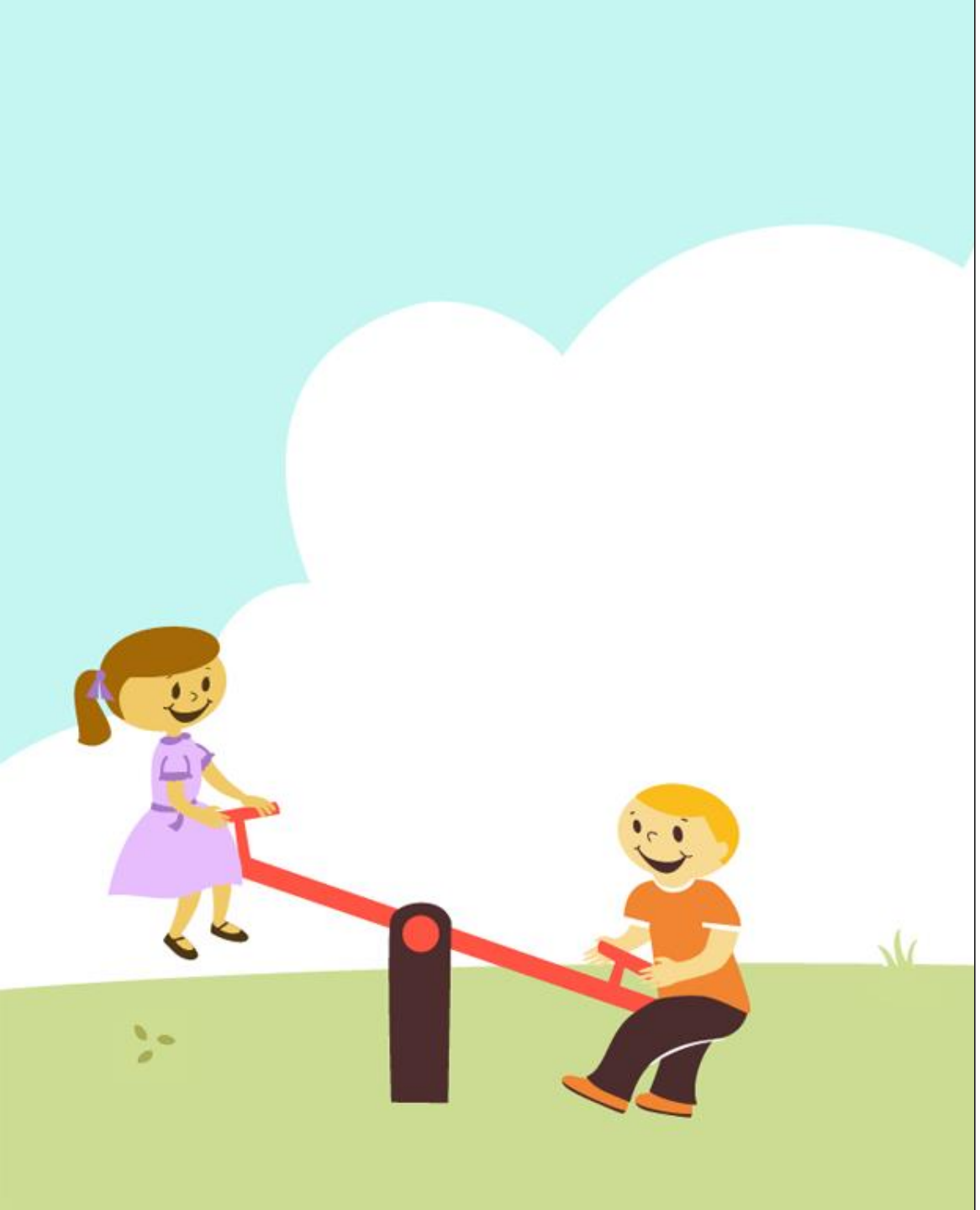
_____ _____ _____ _____
City State Zip Code County

Mailing Address (if different): _____
Street Address

_____ _____ _____ _____
City State Zip Code County

Directions to my home: _____

From the nearest DOHS Office.



2. Check One:
   - ☐ Hispanic, Latino, or Spanish Origin
   - ☐ Not Hispanic, Latino, or Spanish Origin

3. Race: (check all that apply)

   - ☐ American Indian/Alaskan Native
   - ☐ Asian
   - ☐ Black/ African American
   - ☐ Native Hawaiian/other Pacific Islander
   - ☐ White

4. Do you provide any other service such as foster care or adult care in your home?

   ☐ Yes ☐ No

5. Are you employed outside of your home? ☐ Yes ☐ No

6. Do you receive benefits from the WV Department of Human Services such as Food Stamps or TANF? ☐ Yes ☐ No

7. Will you care only for children related to you? ☐ Yes ☐ No

8. I plan to care for _____ children

9. My hours of operation are from _____ to _____.

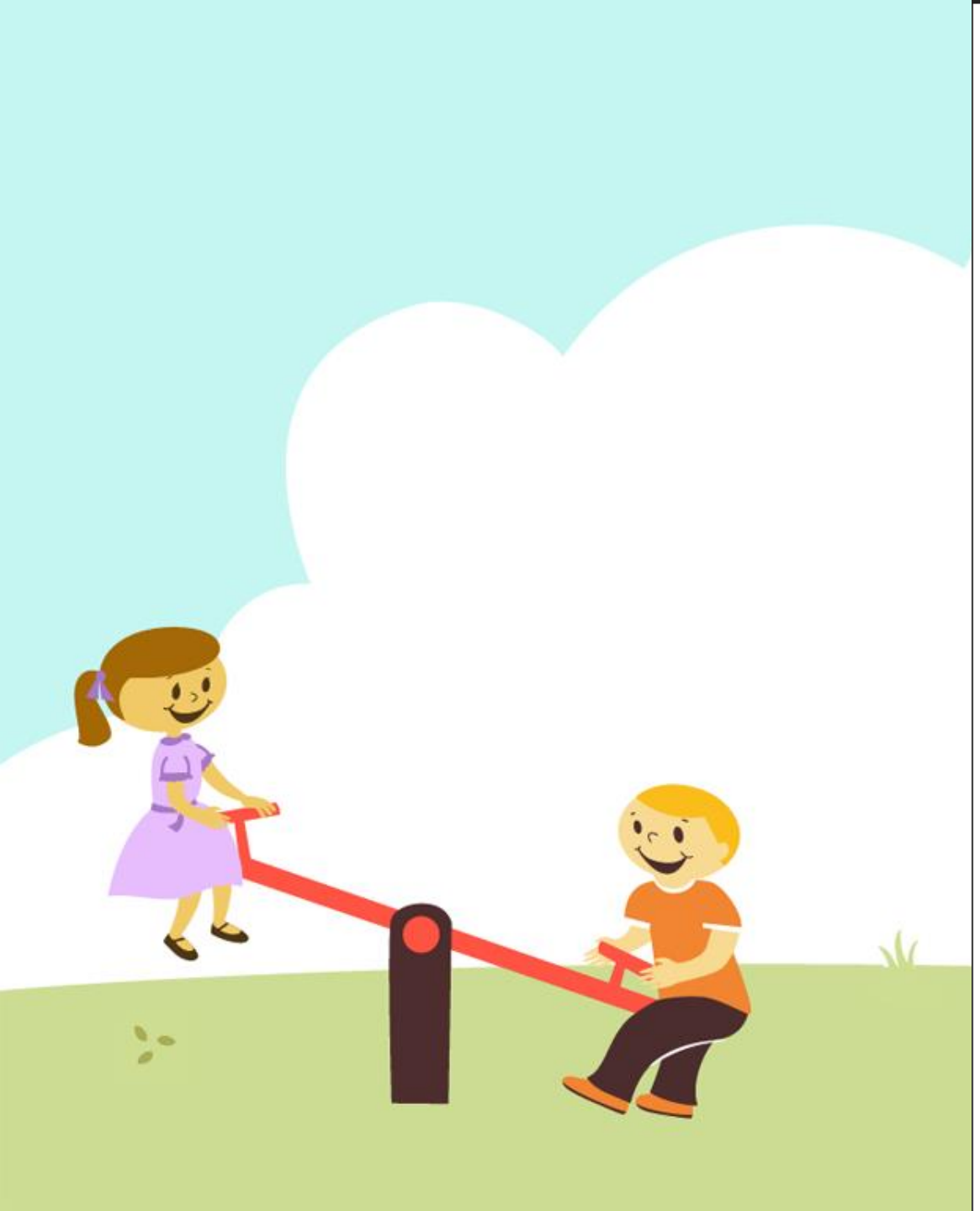
10. Put a check by all days that you provide child care:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

11. WV STARS Registration Number: _____

12. List everyone in your home, including part time residents. List the birth date and relationship for persons under the age of 18 years. (Use additional sheet if needed.)

Name	Birth date	Relationship



13. List all children for whom you provide care including private pay or those you care for at no charge.

Name	Birth date	Relationship

14. Number of children listed above that are private pay: _____

D. Certification

I CERTIFY THAT:

1. I have read the (check one):
   - [x] Family Child Care Home Registration Requirements
   - [ ] Informal and Relative Family Child Care Home Requirements

2. I will cooperate with the WV Department of Human Services as it conducts a reasonable inquiry into my child care activities, the facility, and the program. I will cooperate during inspections of my home and during investigations of complaints related to the care of children in my home.

3. I will disclose all names and any nicknames or aliases that I have or have used so that a comprehensive background check can be completed by the WV Department of Human Services.

4. I will notify the WV Department of Human Services if I move to another address, change phone numbers, or stop providing child care.

5. I will keep information regarding the children and families that receive services in my home confidential in accordance with state and federal law.

E. Understanding

1. I understand that I am responsible for knowing the requirements to operate my type of family child care home and agree to remain in compliance with these requirements while children are in care.

2. I understand that the Certificate of Registration is not transferrable to another address.

3. I understand that the Certificate of Registration may be revoked if I materially violate any provision of state law or any terms or conditions of the registration certificate issued, or fail to maintain established health and safety requirements of child care, or commit or permit practices harmful to children in care.

4. I understand that I may be required to enter into a corrective action plan to correct any non-compliance with child care requirements as a condition of remaining a registered child care home.

5. I understand that intentional failure to disclose accurate information or an intentional statement of false or inaccurate information may result in the denial of my application or result in negative action against me.

6. I understand that any policy of the WV Department of Human Services that affects my provision of child care services will be made accessible to me within a reasonable time frame upon my request.

F. Provisions of State Law

Your signature also indicates that you have read and understand the following provisions of WV State Code, Chapter 49, Article 2:

1. An informal family child care provider shall care for no more than 3 children at any one point in time. A provider caring for 4 or more children is no longer considered to be informal and must meet the requirements for registered family child care homes.

2. A relative family child care provider may care for an unlimited number of children as long as all children in care are related to the caregiver.

3. Family child care providers shall care for no more than 6 children at any one point in time. Any provider caring for 7 or more children is considered to be a family child care facility. Any facility which operates without a license is guilty of a misdemeanor, and, upon conviction, shall be fined not more than $500.

4. If a violation may result in serious harm to children under care, the commissioner may seek injunctive relief through proceedings instituted by the attorney general, or the appropriate county prosecuting attorney, in the circuit court of Kanawha County or in the circuit court of the county where children live.

5. A Certificate of Registration is effective for a period of up to two years from the date of issuance, unless revoked based on failure to comply with the provisions of state code or rules promulgated by the WV Department of Human Services. Child care providers must reapply at the end of the two year period and are required to display registration certificates.

G. Attachments

Please indicate by checking the box next to the ***completed*** attachments you have included.

1. Family Child Care Home Only

a.) The following attachments are required for those applying for an *INITIAL* registration as a Family Child Care Home:

- [x] Child Care Provider Information Form (ECE-CC-7)
- [x] Tax Identification Form - W-9
- [ ] Authorization and Release for Protective Services Record Check (ECE-CC-8A)

b.) The following attachment is required for a Family Child Care Home *RENEWAL* registration:

- [ ] Child Care Provider Information Form (ECE-CC-7)

2. Informal and Relative Family Child Care Homes Only

a.) The following attachments are required for an Informal or Relative Family Child Care Homes *INITIAL* registration:

- [ ] Child Care Provider Information Form (ECE-CC-7)
- [ ] Tax Identification Form - W-9
- [ ] Authorization and Release for Protective Services Record Check (ECE-CC-8A)

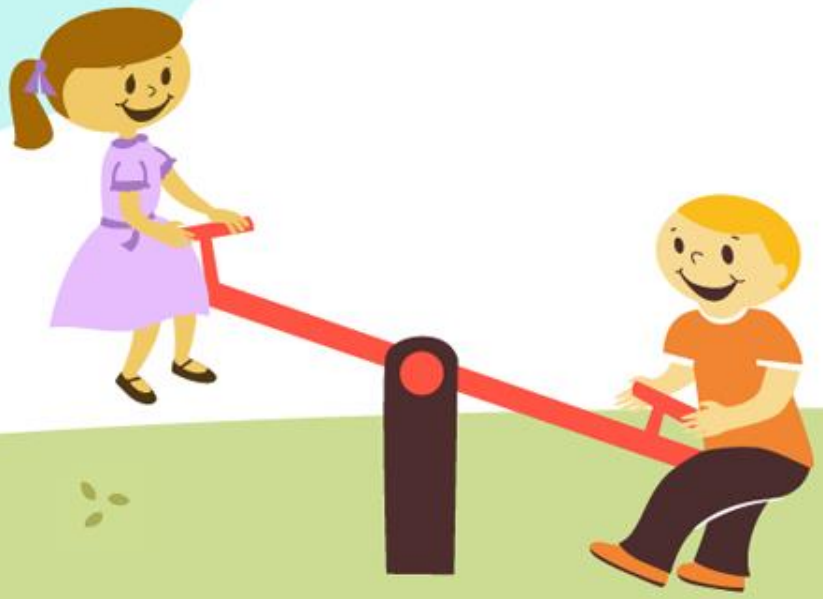
b.) The following attachment is required for an Informal or Relative Family Child Care *RENEWAL* registration:

- [ ] Child Care Provider Information Form (ECE-CC-7)

H. Declaration and Signature

I declare that any information provided in this application and its attachments are, to the best of my knowledge and ability, true and correct. I certify that I have read and understood sections D, E, and F.

Applicant Signature _____ Date _____



WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Every adult in the house fills this out!

STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR SOCIAL SERVICES

Alex J. Mayer
Cabinet Secretary

Lorie Bragg
Commissioner

Authorization and Release for Protective Services Record Checks for Providers and Agency Personnel for Employment Purposes

Please complete and sign below. The form must be legible, and all fields must be **filled out COMPLETELY**.

Name (Print full name. Do not use initials): _____
(First Name) (Middle Name) (Last Name)

Birth Date: _____ Social Security Number: _____

Current Home Address (Give location address, as well as P.O. Box address and County):

_____

_____

Please list all addresses or the county(s) and state(s) of all previous residences:

_____

_____

_____

List maiden name, all aliases, or names known by Print full name(s); do not use initials:

_____

Name of Agency who will receive results/verification of the protective services check:
Your Name

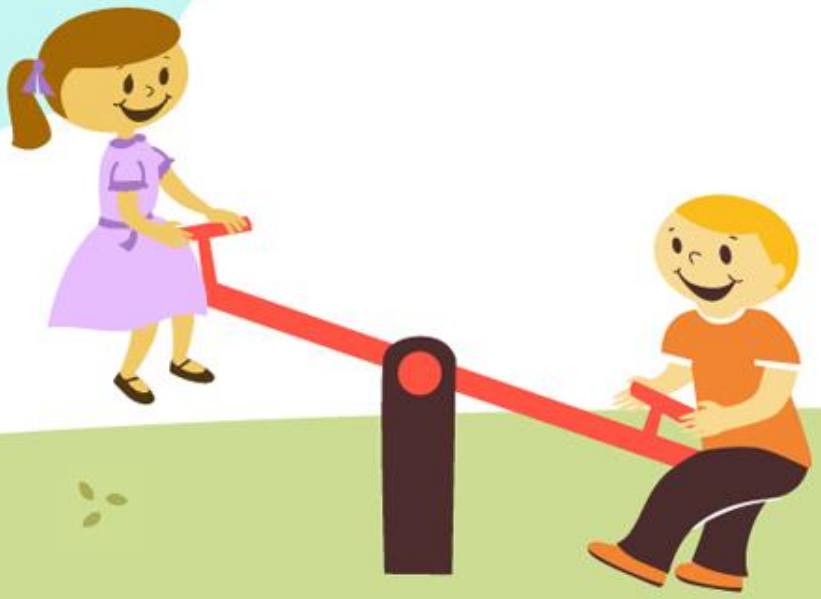
Agency Address: Your Address

Agency Contact Information: Your Phone Number

Type of Agency:

- ☐ Child Placing Agency (Potential employee)
- ☐ Residential Provider Agency (Including Psychiatric Residential (PRTF)/Intermediate Care Facilities (ICF))
- ☐ Emergency Shelter
- ☐ Child Care/Head Start

Bureau for Social Services, 350 Capitol Street, B-18, Charleston, WV 25301



West Virginia Department of Health and Human Resources

Child Care Provider Information

I. Identifying Information.

1. Name _____ 2. SSN or FEIN# _____

3. Name of Center/Facility Director DO NOT FILL OUT

4. Are you accredited? ☐ Yes ☒ No If Yes, with which accrediting body? _____

5. Type of Child Care:

☒ Registered Family Child Care Home ☐ Licensed Family Child Care Facility
☐ Unlicensed School-age Program ☐ Licensed Child Care Center

II. Program Information.

1. How much do you charge for each age group? PICK ONLY 1 COLLUMN

Age of Child	Per Hour	Per Day	Per Week
Infants (birth to 24 months)	$	$	$
Preschoolers (2-3 years)	$	$	$
Preschoolers (3-4 years)	$	$	$
School Age (5 years and up)	$	$	$

2. Do you charge for days when children are not in care? ☐ Yes ☐ No

3. Do you want other parents referred to your home or facility? ☐ Yes ☐ No

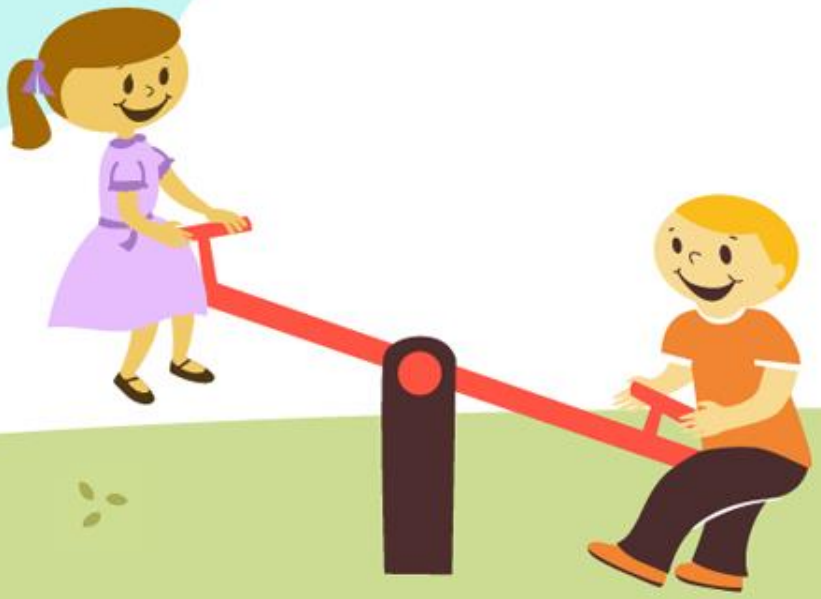
4. Are you willing to accept children whose cost of care would be paid or partially paid by the West Virginia Department of Health and Human Resources? ☐ Yes ☐ No

5. Check all that apply. Are you:

☐ Non-profit ☒ For profit ☐ School-based ☐ Faith-based

6. Are you registered with the **WV State Training And Registry System**? ☐ Yes ☒ No

7. If not, would you like information about the **WV STARS**? ☒ Yes ☐ No



8. Days you provide child care:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

9. Hours you provide care:

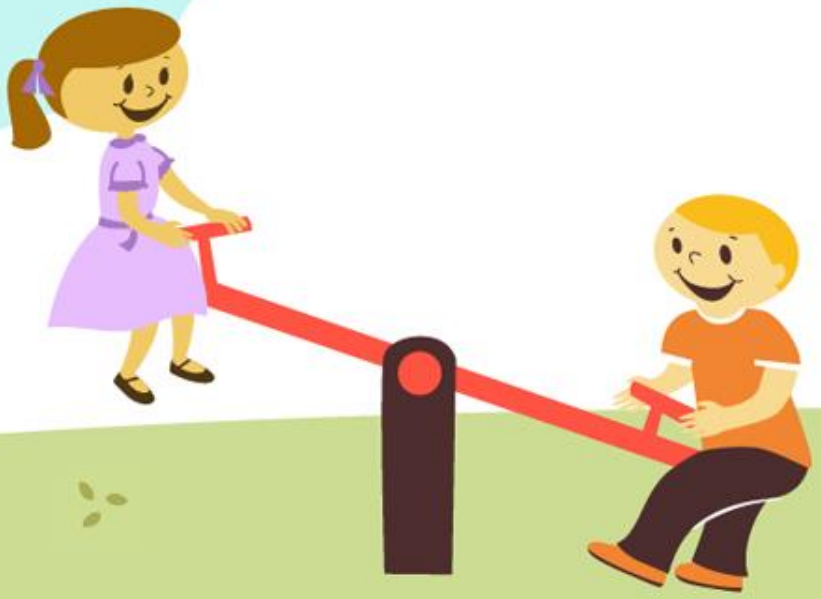
Time	From	To
Day		
Evenings		
Overnight		
Before School		
After School		

10. Do you accept children in the following attendance categories? Check all that apply.

☐ Full Time
☐ Part Time
☐ Temporary
☐ Drop In
☐ Full Year
☐ School Year
☐ Summer Only
☐ Vacations/Holidays
☐ Rotating/Swing Shift

III. If willing to accept referrals, please complete the following information.

Yes	No	Please check the appropriate answer.
		Do you provide care when the child is ill?
		Do you accept infants? (Birth to 12 months)
		Do you accept toddlers (12 months to 36 months)
		Do you accept preschoolers? (Ages 3 to 4)
		If you accept toddlers and/or preschoolers, must they be toilet trained?
		Do you accept school-agers? (Ages 5 and up)
		Do you provide care for children with Special Health Care Needs?
		Do you or your landlord have homeowners insurance?
		Do you provide transportation?
		Do you speak (or sign) any languages other than English? If so, please list:
		Do you provide a smoke-free environment?
		Does anyone in your home smoke?
		Do you have indoor pets? If so, please list type:



Yes	No	Please check the appropriate answer
		Do you have outdoor pets? If so, please list type:
		Do you have outdoor play space?
		Do you have a fenced yard?
		Do you have a pool?
		Do you participate in the Child Care Food Program?
		If you do not participate in the Child Care Food Program, are you interested?
		Do you provide breakfast?
		Do you provide a morning snack?
		Do you provide lunch?
		Do you provide an afternoon snack?
		Do you provide dinner?
		Do you provide an evening snack?
		Would you provide for a special diet?
		Do you have any extended or special training? If so, please list:
		What is your education level?
		What is your school district?

Provider Signature

Date

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Provider Tax Identification Reporting Form

PLEASE PRINT LEGIBLY -- USE BLUE INK *PROVIDER NUMBER: _____

*Organization/Individual Name: _____

*Federal Employer Identification Number (FEIN) or Social Security Number: _____

*Business Address: _____

*Payment Address: _____

*Telephone Number ( ) _____ Contact person: _____

[ ] I wish to withdraw because:

[ ] I wish to continue providing services (If you mark this box, you must complete the remainder of the form)

Pursuant to Internal Revenue Service regulations, Providers must furnish their taxpayer identification number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment.

ENTER YOUR NAME AND ADDRESS EXACTLY AS YOU ENTER THEM ON YOUR IRS INCOME TAX FORMS

*1099/Tax Name: _____

*1099/Tax Address: _____

*Federal Employer Identification Number (FEIN): _____ or *Social Security Number: _____

List the Type of Service you are Approved/Licensed to provide:

TYPE	COUNTY (IF APPLICABLE)

*Type of Business of Provider (Check One) [ ] Corporation [ ] Estate Trust [ ] Individual [ ] Government/Non Profit
[ ] Sole Proprietorship [ ] Partnership [ ] Public Services Corporation

Other Tax Account Number(s) (if applicable): State Sales Tax/Use Tax Number: _____

State Unemployment Tax Number: _____ State Corporate Income Tax Number: _____

State Employers Withholding Tax Number: _____

skip

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief it is true, correct, and complete.

*Name (Print): _____ * Signature: _____

Date: _____ Telephone: ( ) _____ Title: _____

Return to: WVDHHR
Bureau for Children & Families

*Submitted By: _____ / _____
Worker Name (Please Print Legibly) County

*MUST BE COMPLETE FOR PROCESSING

W-9

Any Questions?